

# Federal Advisory Committee (FAC) Membership Balance Plan

Please read the Federal Advisory Committee Membership Balance Plan Guidance prior to completing this form

## (1) FEDERAL ADVISORY COMMITTEE NAME

*State the legal name of the FAC*

The Advisory Panel on Hospital Outpatient Payment.

## (2) AUTHORITY

*Identify the authority for establishing the FAC*

Section 1833(t)(9)(A) of the Social Security Act (42 U.S.C. 1395l(t)(9)(A)). The Advisory Panel on Hospital Outpatient Payment (The Panel) is governed by the provisions of Pub. L. 92-463, the Federal Advisory Committee Act (FACA), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory panels.

## (3) MISSION/FUNCTION

*Describe the mission/function of the FAC*

The Panel may advise the Secretary, Department of Health and Human Services (HHS), and the Administrator, Centers for Medicare & Medicaid Services (CMS), on the following: 1) the clinical integrity of the ambulatory payment classification (APC) groups and their associated weights, which are major elements of the Medicare Hospital Outpatient Prospective Payment System (OPPS); and 2) the appropriate supervision level for hospital outpatient services. With respect to supervision, the Panel may recommend a supervision level to ensure an appropriate level of quality and safety for delivery of a given service, as described by a Healthcare Common Procedure Code System (HCPCS) codes including the Current Procedural Terminology (CPT) codes.

## (4) POINTS OF VIEW

*Based on understanding the purpose of the FAC.*

- (a) describe the process that will be used to ensure the committee is balanced, and identify the categories (e.g. individual expertise or represented interests) from which candidates will be considered;*
- (b) consider identifying an anticipated relative distribution of candidates across the categories; and*
- (c) explain how a determination was made to appoint any individuals as Special Government Employees or Representative members*

The Panel will consist of up to fifteen members who are representatives of providers and are full-time employees of hospitals, hospital systems, and critical access hospitals, or other Medicare providers. The Panel is technical in nature, and members are selected based on their experience with the outpatient hospital payment system. Panel members are balanced based on geographic regions, education / academic credentials, work experience, type of hospital or provider represented, medical / payment experience, coding experience, and points of view regarding the hospital outpatient system.

Panel members represent all geographic areas of the country, urban and rural, northeast, southern, central and west coast areas.

Panel members are balanced between medical doctors, with both surgeons and non surgeons, multiple specialties, and other health professionals such as billing / coding experts, registered nurses, informatics specialists, and financial administrators.

Members of this panel will be designated as representatives and not special government employees because the Panel members are appointed for the sole purpose of evaluating points of view or perspectives of outside stakeholders and are not government spokespersons.

Prior to each meeting, the representatives are reminded of ethical obligations and how to handle potential conflicts of interest. Any Panel member with a potential conflict of interest on a topic presented for recommendation during the Panel meeting is asked to excuse himself from voting on the Panel recommendation.

#### **(5) OTHER BALANCE FACTORS**

*List any other factors your agency identifies as important in achieving a balanced FAC*

Appointments shall be made without discrimination on the basis of age, race, gender, sexual orientation, HIV status, and cultural, religious, or socioeconomic status. During the nomination process, the committee is reviewed in totality for balance with regard to geographic location and female and minority representation. A balanced committee is characterized by inclusion of the necessary knowledge, insight, and perspective from the community or expertise area which the members serve.

#### **(6) CANDIDATE IDENTIFICATION PROCESS**

*Summarize the process intended to be used to identify candidates for the FAC, key resources expected to be tapped to identify candidates and the key persons (by position, not name) who will evaluate FAC balance. The summary should:*

- (a) describe the process*
- (b) identify the agency key staff involved (by position, not name)*
- (c) briefly describe how FAC vacancies, if any, will be handled by the agency; and*
- (d) state the membership term limit of FAC members, if applicable*

A Notice is prepared by the Designated Federal Officer (DFO) and published in the Federal Register to solicit nominations for any open positions. Nominees are solicited from hospital outpatient providers and can be nominated by an association, hospital, or self nominated.

Once the nomination period closes, the DFO will screen the nominees to ensure that they are current hospital or hospital system employees with responsibilities for outpatient payments, payment systems, hospital medical care delivery systems; provider billing and accounting systems. The nominees will then have to provide various information, for example, educational credentials, geographic area represented, experience with the hospital outpatient environment (a minimum of five years experience in their area of expertise is required), and whether the facility at which they are employed is in a rural or urban county, among other factors. A short list of best qualified nominees possessing the relevant expertise is then presented by the DFO to a Panel of CMS employees, including managers and medical officers. This Panel then selects the nominee with the most comprehensive experience in the outpatient environment and the number of nominees is narrowed to the number of openings. This short list of nominees is presented to the CMS Administrator's designee for input, final approval, and for signature of the acceptance letters.

The nominees are evaluated based on the balancing factors, including points of view and expertise that is needed to keep the balance of the Panel. These factors include, but are not limited to, geographic area represented, educational background / academic credentials, whether they are medical doctors or administrative personnel, and all have at least five years experience with the hospital outpatient or systems environment.

The top nominees will be contacted for interest and availability. Formal letters of invitation to serve on the Panel will be extended by the Administrator's designee.

The membership structure is outlined in the committee charter and describes the desired expertise needed.

The DFO, Division/Office Directors, and the Advisory Committee Oversight and Management Staff

work to see that the Panel is balanced. Nominations are to be requested from all geographic locations within the United States or its territories. Anyone may nominate an individual, including themselves, for Panel membership.

The responsible DFO must keep abreast of term ending dates and have appointments to fill vacancies ready in advance. Approximately nine to twelve months before a vacancy is to occur, the DFO works with appropriate officials to discuss candidates and mechanisms to seek additional nominations. The DFO is responsible for ensuring that vacancies are filled promptly, terms remain staggered as provided in the committee charter, and, to the extent possible, full slates of nominees are submitted for vacancies.

The CMS Administrator's designee makes the final decision about who will serve on the committee.

Panel members will serve a term of up to four years. A member may serve after the expiration of his/her term until a successor has been sworn in.

#### **(7) SUBCOMMITTEE BALANCE**

*Subcommittees subject to FACA\* should either state that the process for determining FAC member balance on subcommittees is the same as the process for the parent FAC, or describe how it is different*

*\*This is relevant to those agencies that require their subcommittees to follow all FACA requirements.*

The process that will be used to determine advisory committee membership balance for the Panel is also used for any Panel subcommittees.

#### **(8) OTHER**

*Provide any additional information that supports the balance of the FAC*

None.

#### **(9) DATE PREPARED/UPDATED**

*Insert the actual date the Membership Balance Plan was initially prepared, along with the date(s) the Plan is updated*

Original preparation date: October 20, 2011

Updated: September 3, 2016